

Work Order ID 110362

December-17-13 9:24:15 AM

110362

Page 1

Item ID: 646.3001 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Lower Cutter Assy
Start Date: 12/17/13 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 12/17/13 Req'd Qty: 1.00 ***1*** Customer:
Reference:

Approvals: Process Plan: MLJ Date: 13-12-18 Tooling: Date: Run Start ***NR1***
QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
646.3000	N/C

110 Pick Kit 0.00

110

Packaging

Memo

0.00

Packaging

① SMO 14/04/10

120 0.00

120

Small Fab

Memo

0.00

Small Fab

Assemble as per dwg and apply loctite 598 on all faying surfaces shown on dwg per note 7.

A/R RTV LOCTITE 598: m127443
exp. date: set 2015

① SMO 14/04/10

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Page 2

Item ID: 646.3001 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Lower Cutter Assy
 Start Date: 12/17/13 Start Qty: 1.00 ***1*** Cust Item ID:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 27 9-89 0.00 M4111				1			
140 *140* Packaging Packaging	Identify as per dwg & Stock Location: <u>51429</u> Memo ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***	0.00 0.00				1/X			DAS 28 9-89 APR 11 2014
150 *150* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							14-04-14 14-04-14

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Training									
Transport									
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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

December-17-13 9:24:14 AM

Page 1

Work Order ID: 110362
 Parent Item: 646.3001
 Parent Item Name: Lower Cutter Assy

Start Date: 12/17/13 Required Date: 12/17/13
 Start Qty: 1.00 Required Qty: 1.00

Comments: IPP REV:A 12.10.19 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MS21042L08 Nut		Purchased	No				Each	4,583.0000					
<div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div>													
ST314 113													
122141 3													
122452 9													
123900 101													
ST505 100													
125445 100													
ST508 3400													
125445 1900													
m127410 1500													
ST509 970													
m127304 970													
X 646.3010 LH Half		Manufactured	No			110	Each	20.0000					
<div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div>													
CA 20													
108521 12													
99832 8													
✓ 646.3011 RH Half		Manufactured	No			110	Each	16.0000					
<div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div>													
CA 16													
107677 8													
99787 8													

SAD 10 14/04/10

1 SAD 1 14/04/10

1 SAD 1 14/04/10

1

DQA: _____ Date: _____



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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Material									
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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

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Page 2

Work Order ID: 110362
Parent Item: 646.3001
Parent Item Name: Lower Cutter Assy

Start Date: 12/17/13

Required Date: 12/17/13

Start Qty: 1.00

Required Qty: 1.00

646.3012 Manufactured No 110 Each 16.0000
Lower Guide

1 1 14/04/10
SAO

Location	Loc Qty	Loc Code
CA	16	
102843	8	
96712	4	
97092	4	

646.3013 Manufactured No 110 Each 22.0000
Blade

1 1 14/04/10
SAO

Location	Loc Qty	Loc Code
CA	22	
102802	8	
106687	8	
108183	6	

646.3014 Manufactured No 110 Each 18.0000
Blade

1 1 14/04/10
SAO

Location	Loc Qty	Loc Code
CA	18	
102901	8	
107626	10	

646.3015 Manufactured No 110 Each 53.0000
Blade

1 1 14/04/10
SAO

Location	Loc Qty	Loc Code
CA	53	
107339	21	
107664	10	
92893	2	
93344	20	

December-17-13 9:24:14 AM

Shop Packet Print

Page 2

DQA: _____ Date: _____



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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Page 3

Work Order ID: 110362

Parent Item: 646.3001

Parent Item Name: Lower Cutter Assy

Start Date: 12/17/13

Required Date: 12/17/13

Start Qty: 1.00

Required Qty: 1.00

MS27039-08-19

Purchased

No

110

Each

2,703.0000

19

19

Screw

Location

Loc Qty

Loc Code

ST308

102

123525

89

m126474

13

ST309

82

125654

82

ST506

2519

124309

1200

125654

189

m127305

730

m127410

400

NAS1149FN832P

Purchased

No

110

Each

13,170.000

38

38

Washer

Location

Loc Qty

Loc Code

ST295

3194

123522

398

123900

2796

st510

9976

125268

9976

DQA: _____ Date: _____



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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

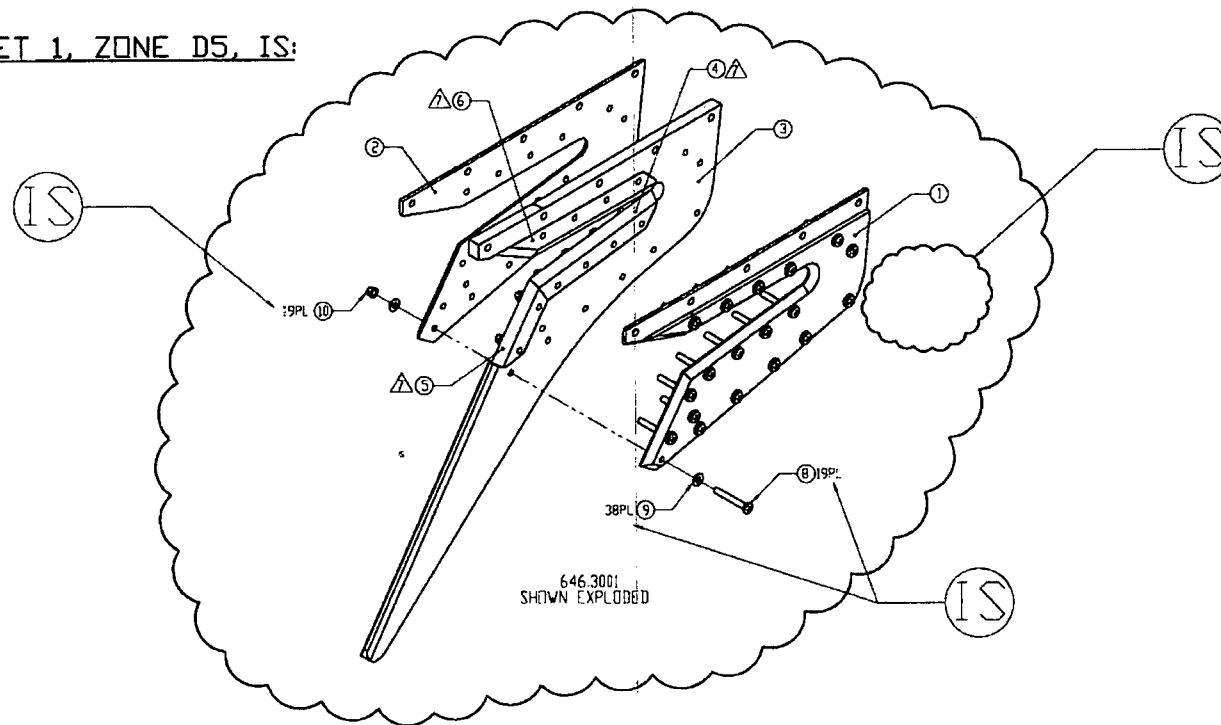
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
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Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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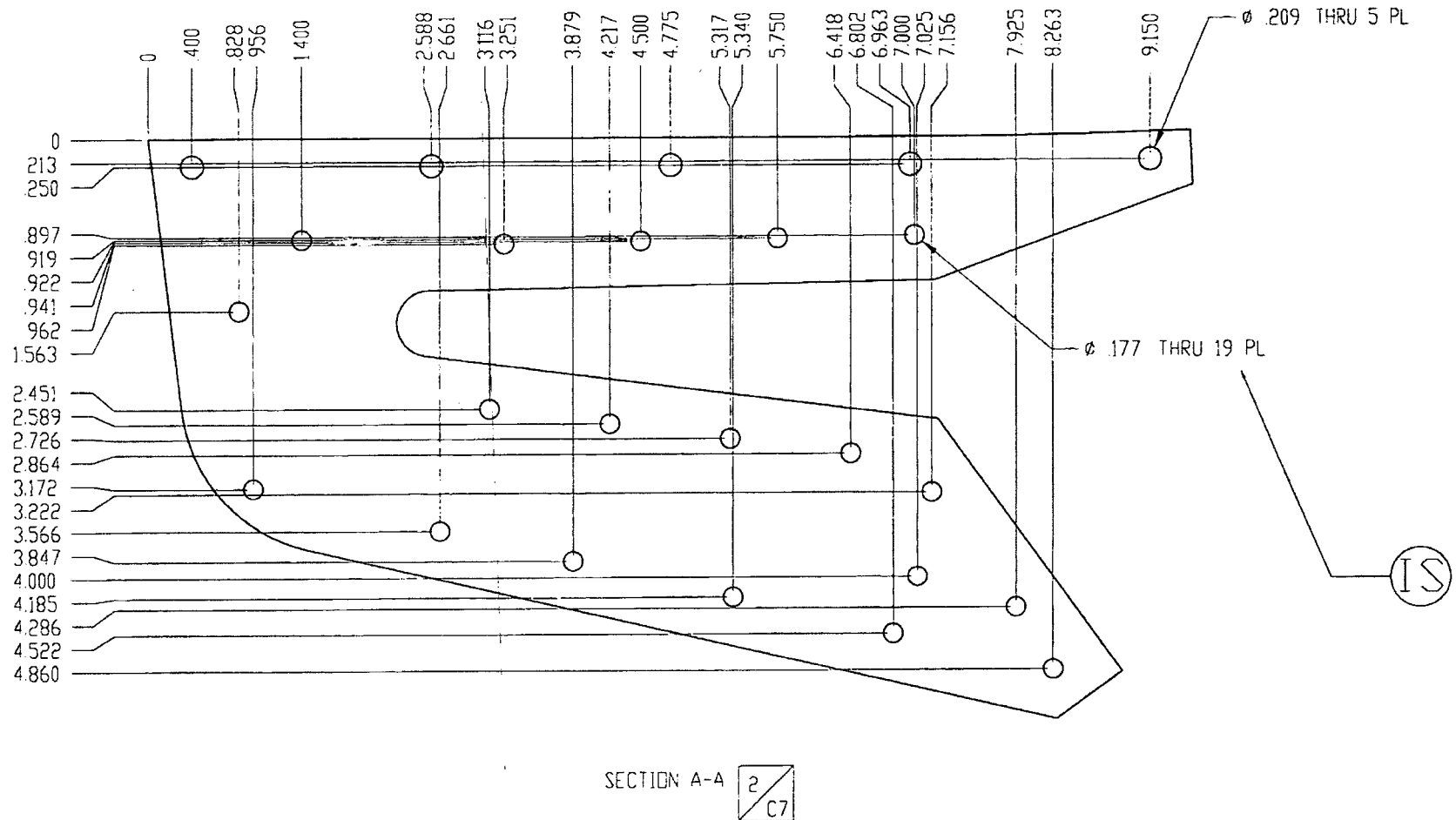
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 02195			SHEET 1 OF 4	
	DWG NO. 646.3000	REV: N/C	PREPARED BY S. HUFF	DATE: 01/05/09	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
	DWG TITLE: LOWER CUTTER ASSY				
	APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS				

SHEET 1, ZONE D5, IS:



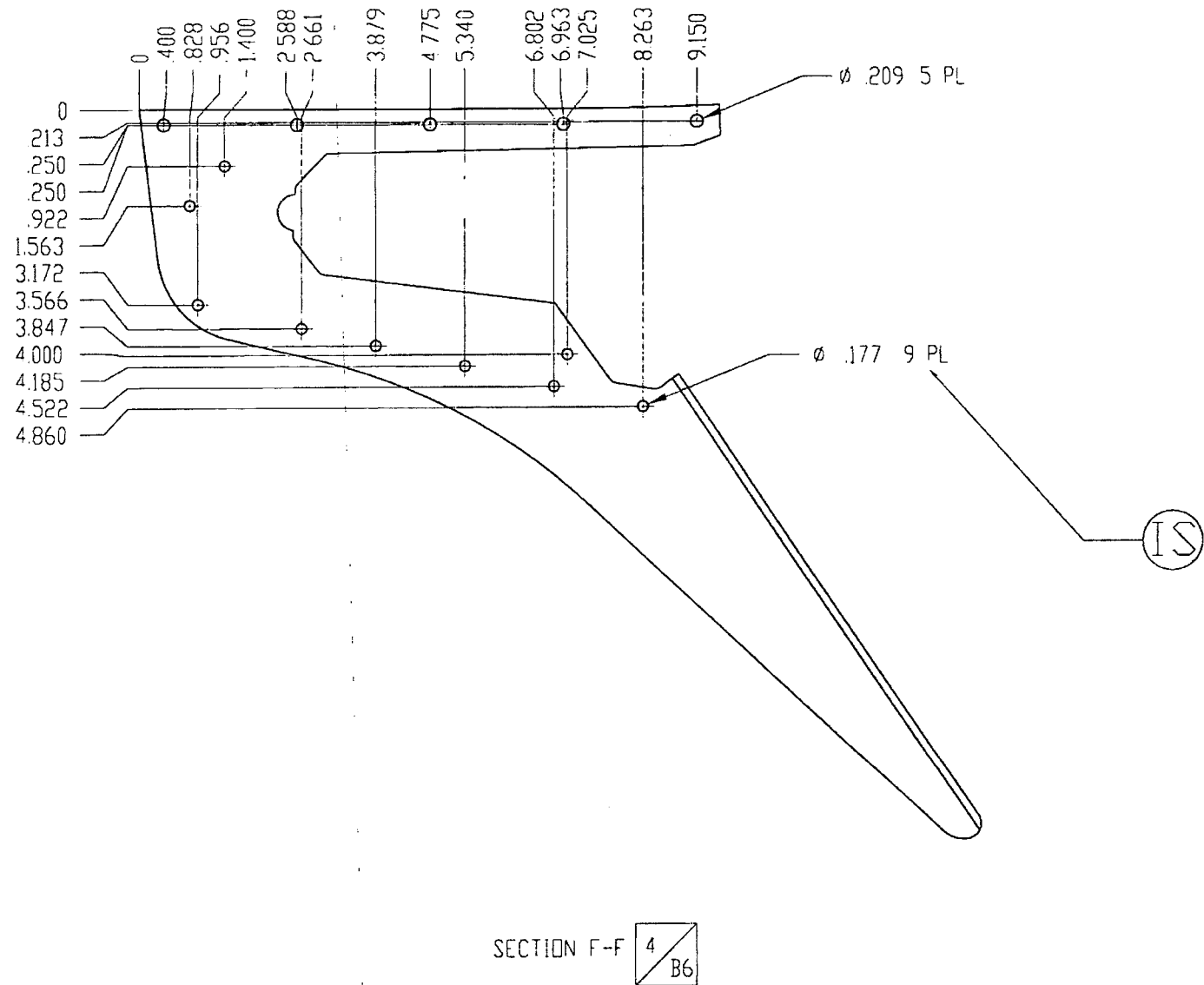
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9	R	601.2764	38	WASHER	NAS1149FN832P
8	R	601.2765	19	SCREW	MS27039-0819
7	D	601.2766	2	RIVET	MS20470AD5-18
			3001		
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED: <input type="checkbox"/> MDL <input checked="" type="checkbox"/> INSTALL INSTRU <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM					CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
					DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SHEET 3 IS:



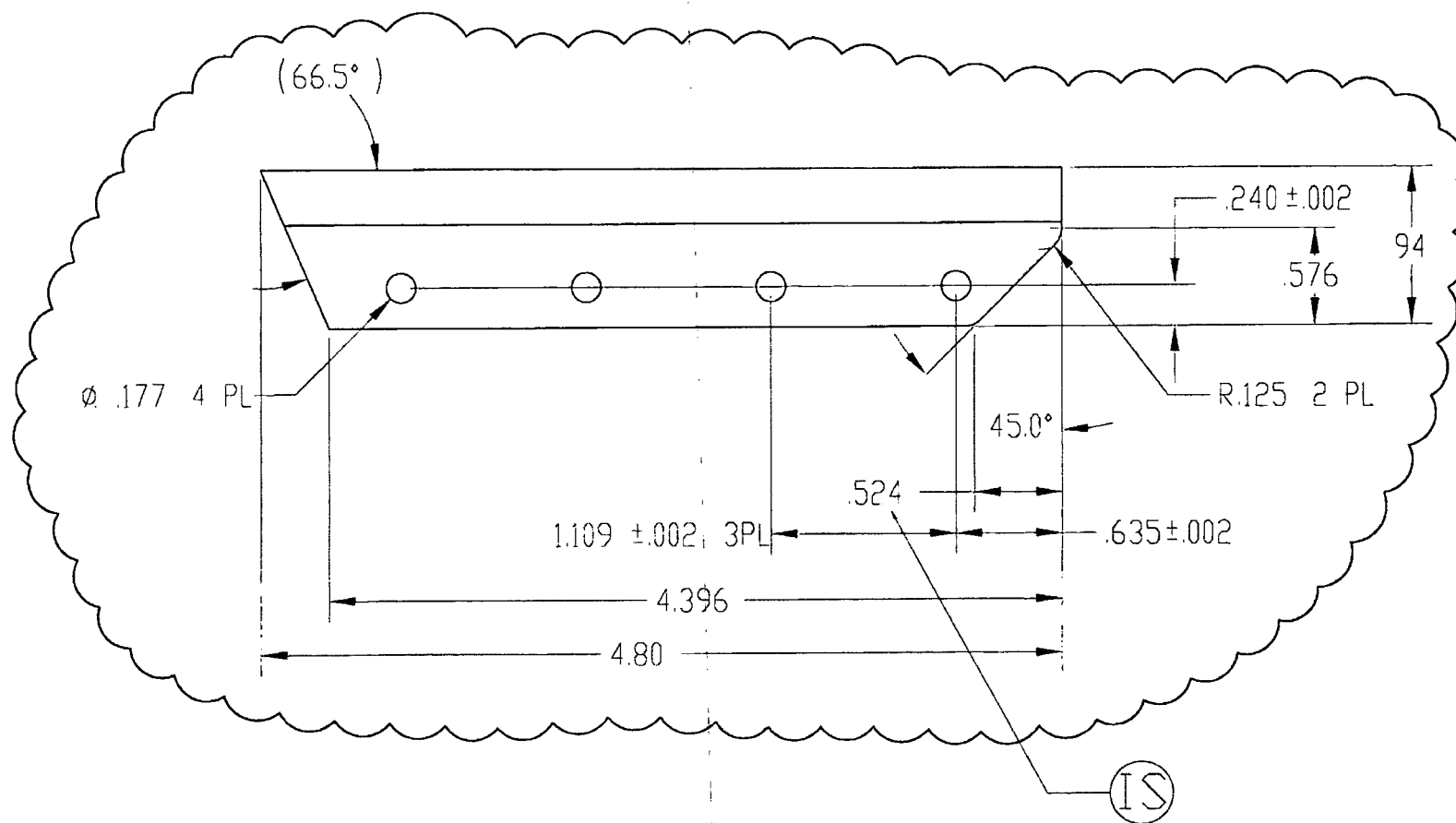
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION

SHEET 5 IS:



F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION

SHEET 6, ZONE C4, IS:



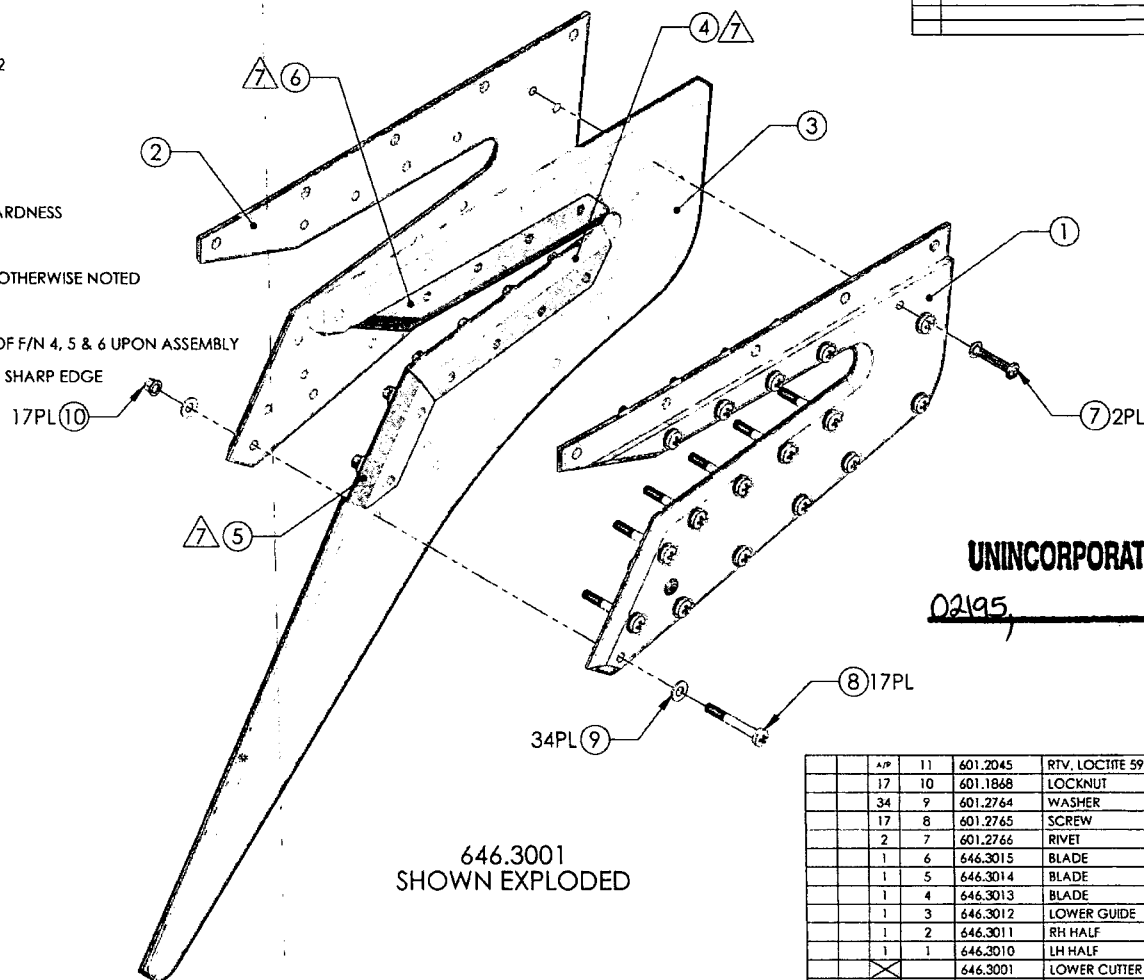
F/N	TC	PART NUMBER	QTY	DESCRIPTION
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MATERIAL/SPECIFICATION

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

NOTES:

- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: AISI A2 TOOL STEEL
CONDITION: ANNEALED
POST PROCESS: HEAT TREAT TO 58-62 Rc ROCKWELL HARDNESS
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5 DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 6 IDENTIFY IAW MPP-120
- 7 APPLY F/N 11 AS REQUIRED TO ALL FAYING SURFACES OF F/N 4, 5 & 6 UPON ASSEMBLY
- 8 CUTTING EDGE INTENDED TO BE SHARP, DO NOT BREAK SHARP EDGE



UNINCORPORATED ECN(s)

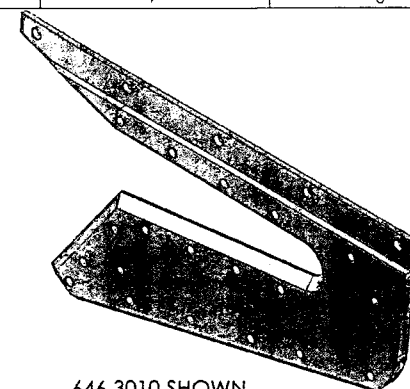
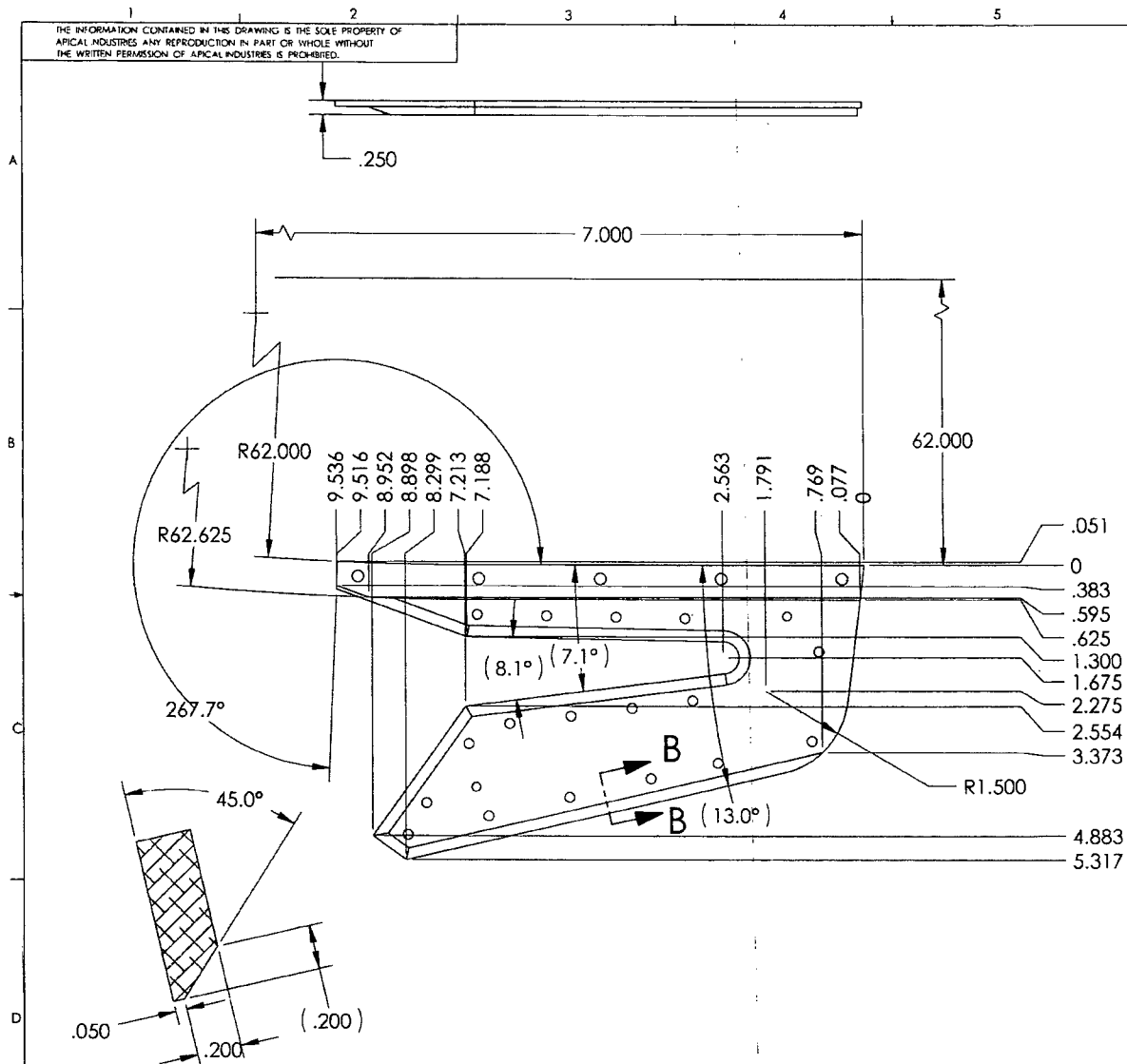
02195

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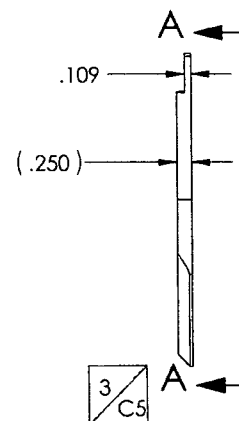
ORIGINAL DATE: 08-26-08
 DRAWN BY: J. JOSEPH
 P. BRAVO
 CHECKED BY: J. JOSEPH
 DATE: 08-26-08
 CONTRACT NO.

PARTS LIST
 APICAL INDUSTRIES
 2608 TEMPLE HEIGHTS DR.
 OCEANSIDE, CA. 92056-3512 (760)724-5300
 LOWER CUTTER ASSY
 SEE CHANGE CODE: 8 07/21/16
 SCALE: NONE
 SHEET: 1 OF 8

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



646.3010 SHOWN
646.3011 OPPOSITE



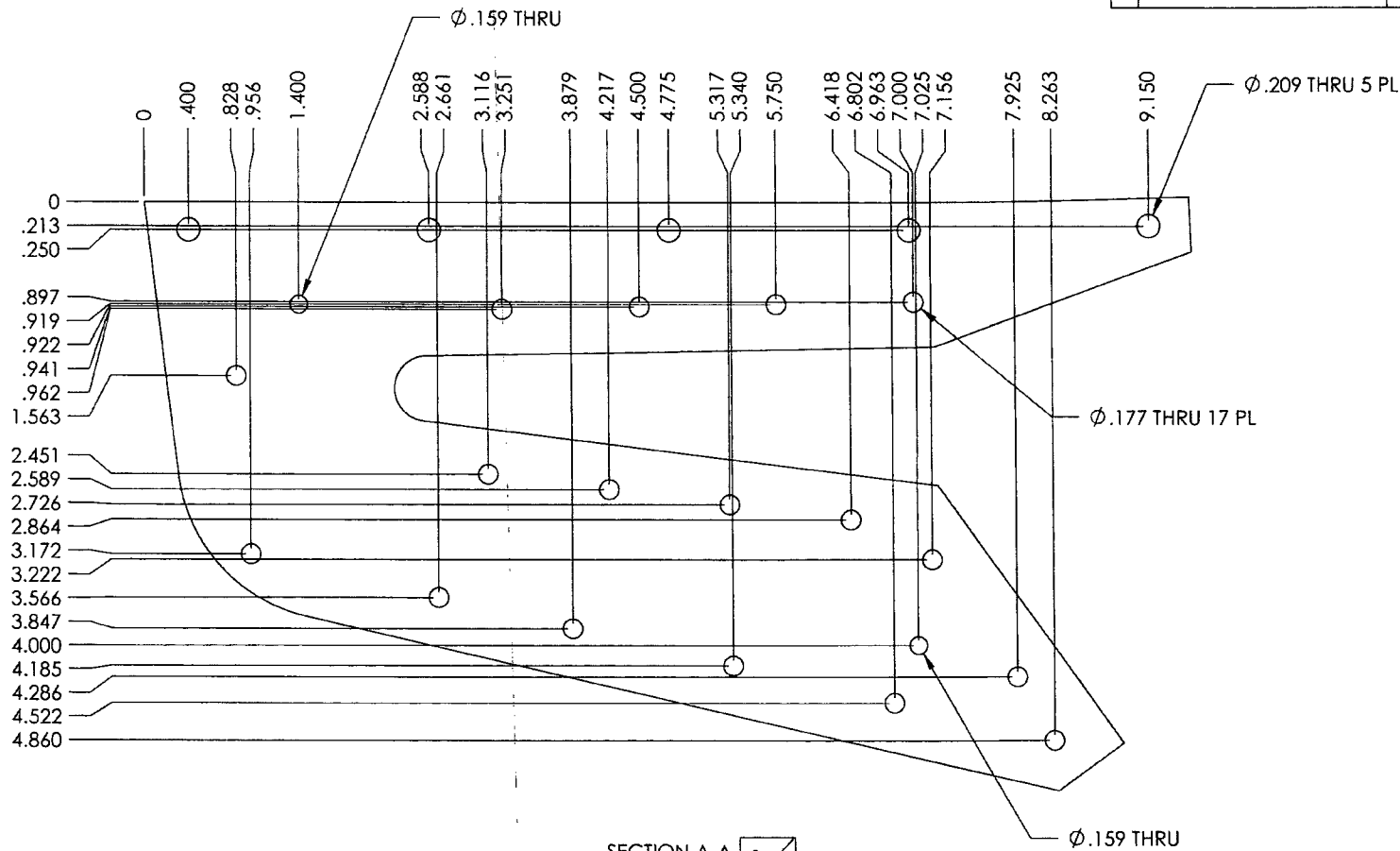
SECTION B-B
TYP EDGE DETAIL

ORIGINAL DATE (M/D/YR) 08-25-08		APICAL INDUSTRIES			
DRAWN BY P. BRAVO		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 774-5300			
DRAWING APPROVAL S. JOSEPH					
CONTRACT NO.		LOWER CUTTER ASSY			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMALS .010 2 PLACE DECIMALS .005 ANGLES ± .5°		SIZE	CAGE CODE	QWG NO.	REV.
		B	07M12	646.3000	N/C
		SCALE: NONE			SHEET 2 OF 8

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300
LOWER CUTTER ASSY

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REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



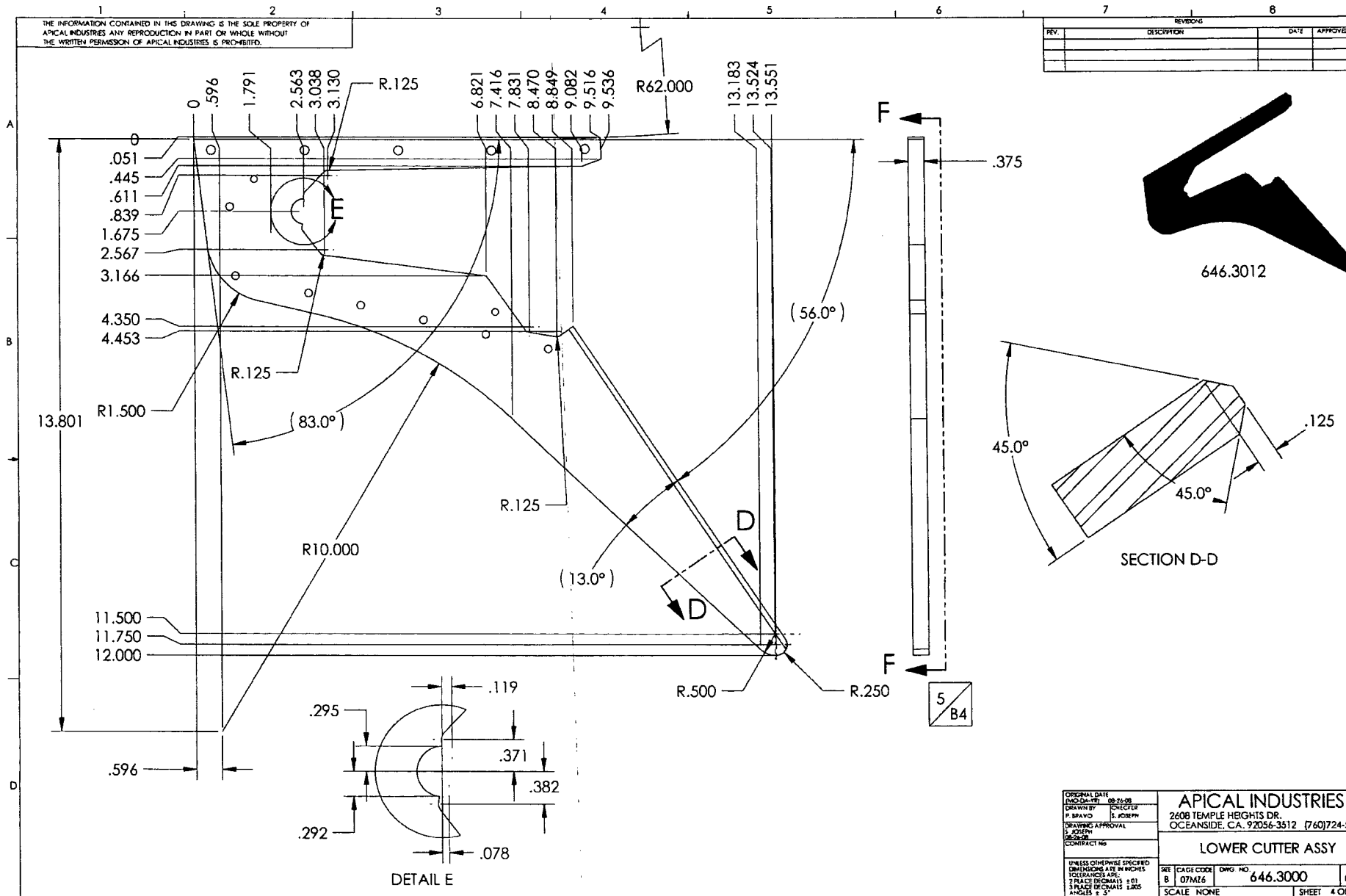
ORIGINAL DATE 10/24/03	08-26-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWN BY P. BRAVO	CHECKED T. JOSEPH		
DRAWING APPROVAL S. JOSEPH	08-26-08		
CONTRACT NO.		LOWER CUTTER ASSY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.01 2 PLACE DECIMALS ±.005 ANGLES ±.5°			
SEE CAGE CODE B 07M26	DWG. NO. 646.3000	REV. N/C	
SCALE: NONE		SHEET	3 OF 8

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

LOWER CUTTER ASSY

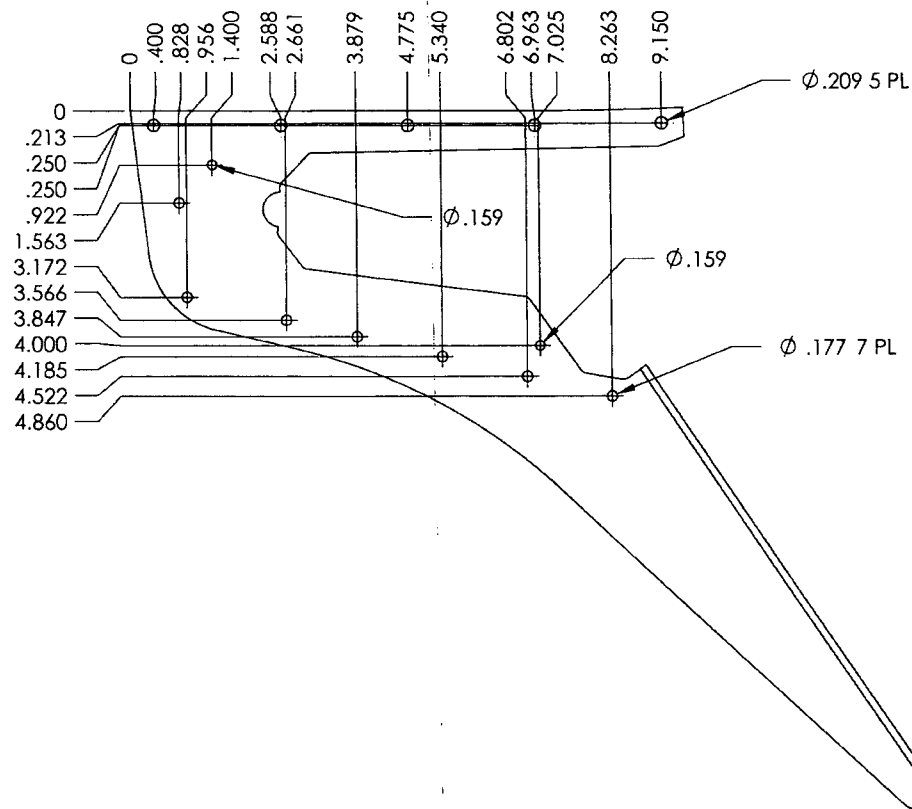
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REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



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REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED

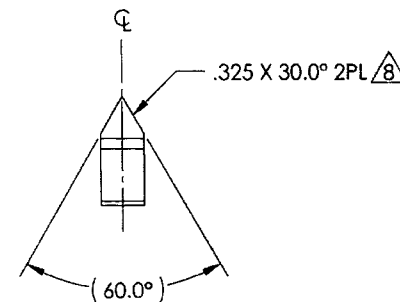
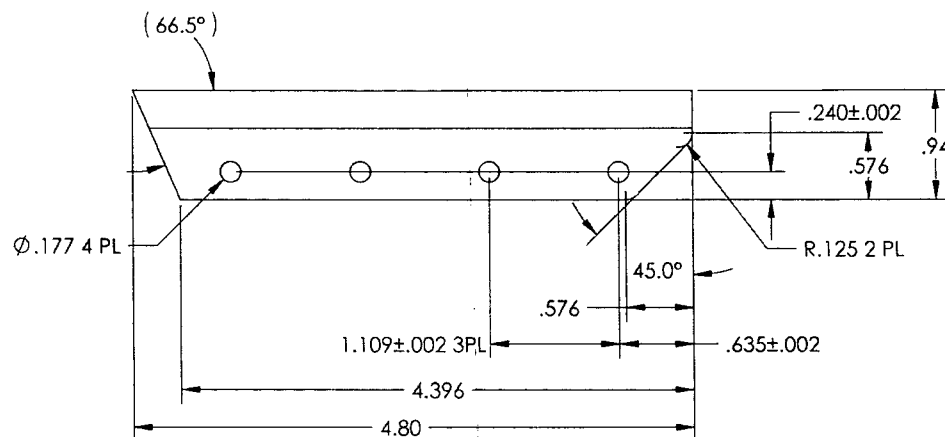
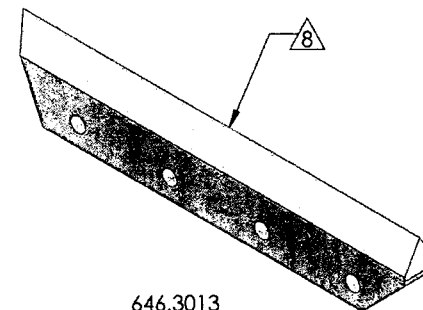
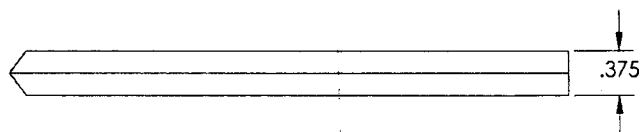


SECTION F-F
4 B6

ORIGINAL DATE (MM-DD-YY) 05-28-08		APICAL INDUSTRIES	
DRAWN BY P. BRAYD		2608 TEMPLE HEIGHTS DR.	
DRAWING APPROVAL P. BRAYD		OCEANSIDE, CA. 92056-3512 (760)724-5300	
CONTRACT NO.		LOWER CUTTER ASSY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.01 ANGLES ±.5°		SHEET 5 OF 8	REV N/C
SHEET 8	CAGE CODE 07M26	DWG NO. 646.3000	SCALE NONE

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

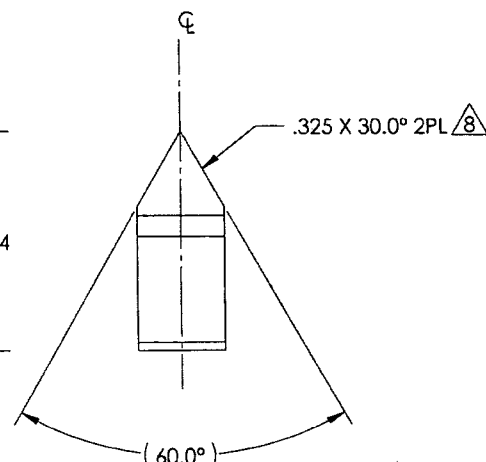
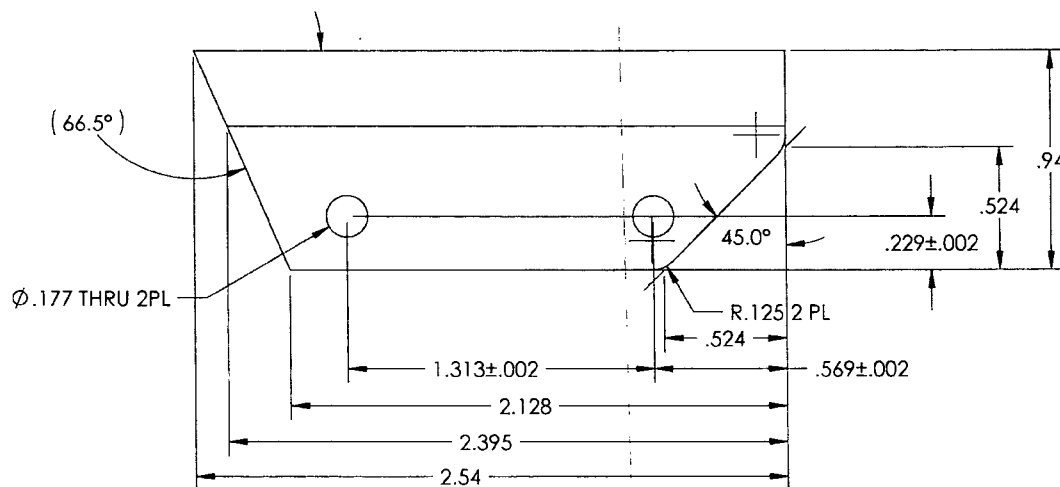
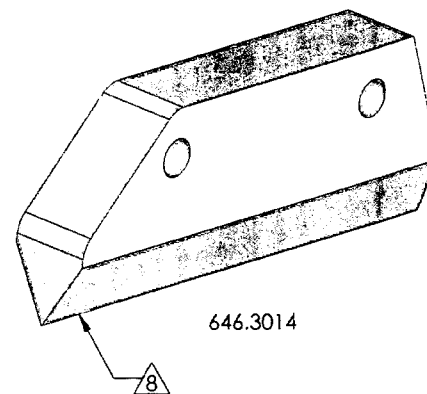
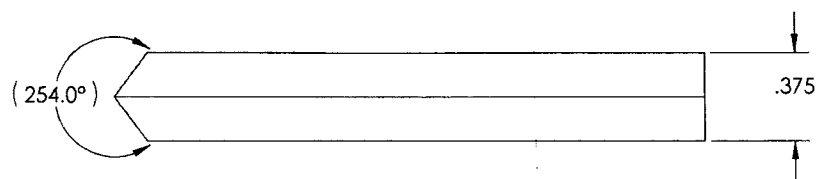
REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



ORIGINAL DATE (MM/DD/YYYY) 08-28-08		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DESIGNED BY P. BRAVO	CHECKED BY D. JOSEPH		
DRAWING APPROVAL P. BRAVO		LOWER CUTTER ASSY	
CONTRACT NO.		REV. CAGE CODE B 07M26	REV. NO. 646.3000
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.001 ANGLES ±.5°		SCALE: NONE	SHEET 6 OF 8

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



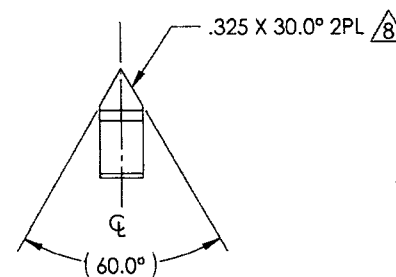
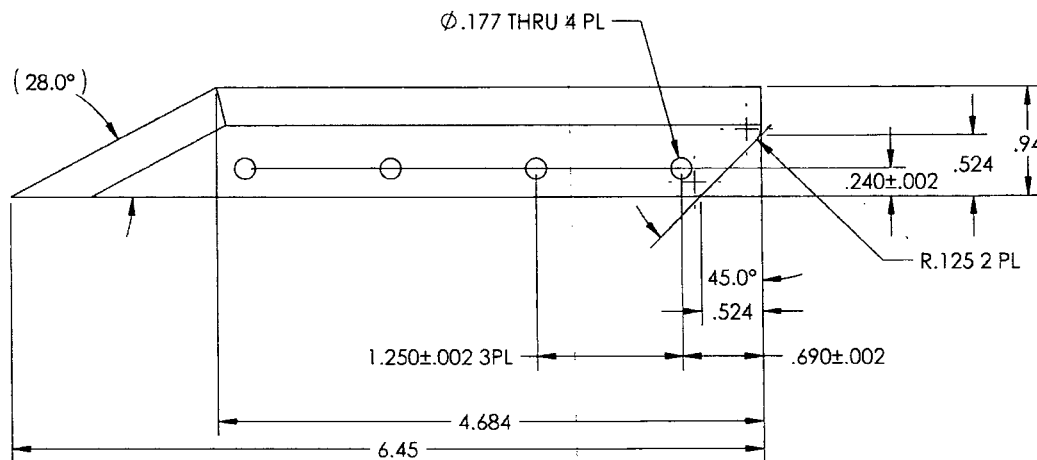
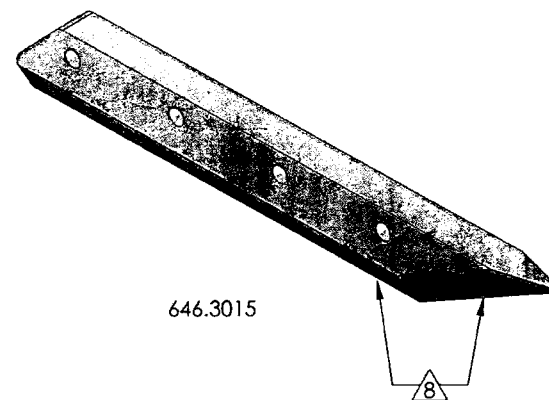
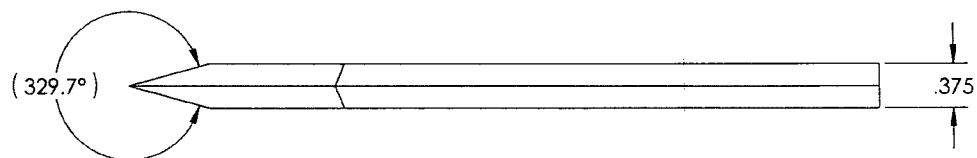
ORIGINAL DATE 10/24/99		08-28-08	
DRAWN BY P. SPALVO		CHECKED D. JOSEPH	
DRAWING APPROVAL S. JOSEPH		08-28-08	
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.01 2 PLACE DECIMALS ±.005 ANGLES ±.5°		SIZE B	07M16
DWG. NO. 646.3000		REV. N/C	
SCALE NONE		SHEET 7 OF 8	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

LOWER CUTTER ASSY

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



ORIGINAL DATE 1982-04-15		APICAL INDUSTRIES	
DRAWN BY P. BRAVO		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
CHECKED BY D. JOSEPH		LOWER CUTTER ASSY	
DRAWING APPROVAL S. JOHNSON		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°	
REV	CAGE CODE	DWG. NO.	REV.
8	07M26	646.3000	N/C
SCALE NONE		SHEET 8 OF 8	